SENDER: COMPLETE THE Complete items 1, 2, and item 4 if Restricted Delive Print your name and address of that we can return the address of the back of the state of Alabama 11 South Union Street Montgomery, AL 36130	S. SECTION 3. Also complete by is desired. Section on Delivery A. Signature Addressee Card to you. B. Received by (Printed Name) C. Date of Delivery
2:07 (vyto2-wt4 (po	3. Service Type Certified Mail Registered Insured Mail C.O.D. Restricted Delivery? (Extra Fee)
(Transfer from service	7005 1160 0001 2556 6933
PS Form 3811, February 2004	Domestic Return Receipt
	102595-02-M-1540